FACSIMILE COVER SHEET

RECEIVED **CENTRAL FAX CENTER** 

FEB 0 1 2006

### SALIWANCHIK, LLOYD & SALIWANCHIK

A PROFESSIONAL ASSOCIATION

P.O. Box 142950, Gainesville, FL 32614-2950 COURT R: 3107 S.W. Williston Rd., Gainesville, FL 32608

> Telephone: (352) 375-8100 Facsimile: (352) 372-5800 www.slspatents.com

TO:

Commissioner for Patents

U.S. Patent and Trademark Office

FAX NO.:

571-273-8300

FROM:

David R. Saliwanchik

DATE:

February 1, 2006

NUMBER OF PAGES (INCLUDING COVER SHEET):

If you do not receive all pages or if any part of this transmission is not legible, call the sender at (352) 375-

#### SUBJECT/MESSAGE:

Revocation of Power of Attorney and Change of Correspondence Address Statement Under 37 CFR 3.73(b)

Attorney Docket No.:

UMT-105XC1

Application No.

10/734.417

Filing Date

December 10, 2003

**Applicants** Examiner

Kylie Kramer, Donald E. Kiely

Samuel A. Acquah

Art Unit

1710

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipients named above. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible far delivering to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message by mail. Thank you.

# RECEIVED **CENTRAL FAX CENTER**

## FEB 0 1 2006

FEB 0 1 2006 PTO/SB/82 (04-06)										
				u.s.	Patent and	Tradamark Off	DEATHS DE	11/30/2005 OMI	JOMMERCE	
Unrier the Par	panyork Restate	tion Act of 1995, no person	n are required to re-	spond to a ci	tion Nur	<u>คโงเทาสโเคท เมาโซ</u>	HES IL DIEDIDA	E El Vallet Chests Cen	itiol number.	
DELICA A MALL OF DOLLIED OF					ale	<del></del>	10//34,41	r 10, 2003		
REVOCATION OF POWER OF ATTORNEY WITH					med In	ventor	Kylie Krai			
							1710	1101		
A 4 3 3 5					er Nam		Samuel A	Acquab		
ALLUADO DE CONDECEDOUSENCE ADDRECE					Itorney Docket Number U				)	
<u></u>	Attorne	Morriey Docker Namber   DMI-103XC1								
I hereby revoke all previous powers of attorney given in the above-Identified application.										
A Power	A Power of Attorney is submitted herewith.									
		•								
0.0										
OR	OR									
Z Thereby	y appoint t	he practitioners ass	sociated with	the Custo	omer Nu	ımber:		46271		
Please change the correspondence address for the above-identified application to:										
[2] Messe chande and correspondence somess to the applementation abbut and re-										
[ <u>/</u> ] The	e address :	associated with			4		1		. •	
Cus		16271								
OR						* ******	_			
	<del></del>						• • • • • • • • • • • • • • • • • • • •			
Firm or Individua	al Name									
Address										
City		· · · · · · · · · · · · · · · · · · ·		Slate	_		<del></del>	Zip		
ł				Louis	<u> </u>					
Country										
Telephone					Email					
I am the:							^ ^			
r 3		<b>.</b>								
r~1 Vbbiid	cantinveni	tor.								
Y Assig	nee of rec	ord of the entire int	erest, See 37	CFR 3.7	1.					
Staten	nent under	r 37 CFR 3.73(b) is								
		//signatur	RF of Applica	nt or As	signee	of Record	<u>.                                    </u>			
Signature	Signature Samt Ala-									
Namo										
Date 1/29/66					Telephone (406) 243 6670					
NOTIF Signatures of all the inventors or essigneds of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one										
signature is require	ed, see below.									
- Total offorms are submitted										

This collection of information is required by 37 CFR 1.35. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including polihoring, preparing, and splaniting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be as in to the Chief information Officer, U.S. Patient and Tradannak Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cut 1-800-f\*IO-9199 and select option 2

## RECEIVED CENTRAL FAX CENTER

FEB 0 1 2006

Approved for use through 07/31/2000. OMB 0651-0031

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)								
Applicant/Patent Owner: _Kyliv_Kramer_Donald E. Kiely								
Application No./Patent No./Control No.: 10/731.41Z	_ Filod/Issue Date: Decomber 10, 2003							
Enfulled: High Mokeustar Weight Storeorogystar Head-Tail Poly (glucaramides)								
University of Montana (Name of Assignes)	a university							
slates that it is:  1. [Z] the assignee of the entire right, title, and interest; or	Type of Assignee. Carpornion, particle 2-lig. California, geographic 2-light							
2. [ ] an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%)								
in the patent application/patent identified above by virtue of either.								
A [2] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014607 . Frame 0317 , or a true copy of the original assignment is attached.  OR								
B.[_] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignce as follows:								
1. FromTo: The document was recorded in the United States F Reel, Framo	Patent and Trademark Office at or for which a copy thereof is attached.							
2 From:To: The document was recorded in the United States F Rect, Frame	eatent and Trademark Office at _, or for which a copy thereof is attached.							
3 From: To: The document was recorded in the United States F	Patent and Trademark Office at							
Rect, Frame, or for which a copy thereof is attached								
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignce was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.  [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]								
The undersigned (whose title is supplied below) is authorized to	act on behalf of the assignce.							
Signature	Date							
Daniel J. Dwyer, Ph.D.								
Printed or Typed Name	Telephone Number							
<u>Vir.o Provident for Research and Dovelopment</u> Title								

This collection of Information is required by 37 CFR 3.73(b). The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO) to process) an application. Confidentiability is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is obtained to take 12 minutes to complete, including gathering, preparity, and submitting line completed application form to the USPTO. Time will vary depending upon the individual cash. Any comments on the amount of line you require to complete this form ant/or suggestions for reducing this burden, about the sent to the Chief Information Officer. U.S. Patent and Traitmank Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FFES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.

If you need assistance in completing the form, call 1-800 PTO-9199 and select option 2.